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FACSIMILE TRANSMITTAL SHEET

Deliver To:	Office of Finance
Company:	U.S. Patent and Trademark Office
Facsimile:	571-273-8300
From:	William W. Schaal, Reg. No. 39,018
Date:	October 13, 2005
Number of Pages:	1 **(Including Cover Sheet)**
Operator:	Susan McFarlane
Our Reference:	3927P015 (55123P287)

SUBJECT: Application No. 09/900,087

REMARKS: On September 28, 2005 our Deposit Account No. 02-2666 was charged the amount of $200.00 for fee code 1201 (independent claims in excess of three); $350.00 for fee code 1202 (claims in excess of twenty) and $120.00 for fee code 1251 (extension for response within first month. There were no additional claims add (in fact claims were canceled) and the response was filed prior to the response due date. We respectfully request that $670.00 be credited back to our Deposit Account No. 02-2666.

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FEE TRANSMITTAL
for FY 2005
Patent fees are subject to annual revision.

Complete if Known	
Application Number	09/900,087
Filing Date	July 6, 2001
First Named Inventor	Ahmad Chini
Examiner Name	Kevin Kim
Art Unit	2634
Attorney Docket No.	55123P287

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT	($)	670.00

METHOD OF PAYMENT *(check all that apply)*

☐Check ☐Credit card ☐ Money Order ☐None   ☐Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666   Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s)   ☒ Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims		Fee from below		Fee Paid
Total Claims	32	- 25* =	7	x 50.00	=	$350.00
Independent Claims	5	- 4** =	1	x 200.00	=	$200.00
Multiple Dependent						

Large Entity		Small Entity		
Fee Code	Fee ($)	Fee Code	Fee ($)	Fee Description
1202	50	7202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	200	2205	150	**Reissue claims in excess of 20 and over original patent

or number previously paid, if greater. For Reissues, see below

SUBTOTAL (1) ($) 550.00

2. ADDITIONAL FEES

Large Entity		Small Entity			Fee Paid
Fee Code	Fee ($)	Fee Code	Fee ($)	Fee Description	
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
2053	130	2053	130	Non-English specification	
1251	170	2251	60	Extension for reply within first month	120.00
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)					

SUBTOTAL (2) ($) 120.00

SUBMITTED BY

			Complete (if applicable)		
Name (Print/Type)	William W. Sahaal	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800
Signature				Date	03/18/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (mt) 12/15/2004
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450